US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From				
12493	1 / 1 / 2004 Through 12 / 31 / 2004				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name Lupe Juarez	Name Teamsters Local 748				
*	Labor Organization File Number 037-333				
PO Box Bldg Room No If any	P O Box Building and Room Number if any				
Street 1222 I Street	Street 1222 I Street				
City Modesto	City Modesto				
State California ZIP Code + 4 95354	State California ZIP Code + 4 95354				
5 Position in labor organization					
Recording Secretary					
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name if any)	tion represents or is actively seeking to represent. 7 a Nature of Interest Transaction or Income				
Name	9				
Trade Name if any					
P O Box Bldg Room No If any					
Stand	7 b Amount				
Street					
Crty					
State ZIP Code + 4					
	Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)					
	5				
Signed Hipo Judio 2	On 8/11/2005 (209) 522-9006 Telephone Number				
Form LM 30 (2803)	Page 1 of 4				

Name of Person Filing Lupe Juarez File Number U-B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name Teamsters Life a Labor Organization Trade Name if any **b** Trust PO Box Bldg Room No If any c. Employer Street 160 Airway Boulevard Livermore ZIP Code + 4 94551-2479 State California 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Teamsters Life provides life insurance to the Name employees of Teamsters Local 748 The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31 2004 Trade Name if any PO Box Bldg Room No If any Street 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received Teamsters Life sponsored a reception for attendess State ZIP Code + 4 of the Teamsters Cannery Council seminar held on October 18 2004 in Reno Nevada 12 b Amount. C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No If any Street City ZIP Code + 4 State 14 b Amount of payment 13 b Is the Business an Employer or Consultant

Form LM 30 (2003)

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Name of Person Filing	upe Juarez	File Number U	
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (inclu	ding trade name if any)	9 Business deals with	
Name Vision Service Plan		a Labor Organization	
Trade Name if any VSP			
PO Box Bldg Room No If any		b Trust	
Street 3333 Quality Drive		c. Employer	
City Rancho Cordova			
State California	ZIP Code + 4 95670		
10 If 9 b or 9 c is checked give trust or en	ployer's name	11 a Nature of such dealing	
Name Joint Benefit Trust		Vision Service Plan (VSP) provides administration to the Joint Benefi The amount in item 11b are the fee	t Trust Fund s paid to VSP
Trade Name If any		during the plan year ended April 3	0 2004
PO Box Bidg Room No If any PO	Box 2479		
Street 160 Airway Boulevard			
Cnty Livermore			
State California	ZIP Code + 4 94551-2479	11 b Approximate dollar value of such dealing	\$57 655
		12 a Nature of interest held or income received	
		VSP provided half of the cost of f for a reception hosted by the Team Council which was held subsequent seminar in Reno Nevada on October	sters Cannery to their annual
		12 b Amount.	\$19

Name of Person Filing Lupe Juarez	File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Health Services Benefit Administrators	a Labor Organization		
Trade Name If any			
PO Box Bldg Room No if any PO Box 2479	b Trust		
Street 160 Airway Boulevard	c. Employer		
City Livermore			
State California ZIP Code + 4 94551-2479			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Joint Benefit Trust	Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund The		
Trade Name If any	amount in item 11b is the fees paid to the administrator during the plan year ended April 30		
PO Box Bldg Room No If any PO Box 2479			
Street 160 Airway Boulevard			
City Livermore			
State California ZiP Code + 4 94551-2479	11 b Approximate dollar value of such dealing	\$3 001 807	
	12 a Nature of interest held or income received		
	HSBA provided Mr Hailstone with dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18 2004 in Reno Nevada		
	12 b Amount.		

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